

Application for a Food Establishment Permit and Pre-opening Checklist

The following pre-opening checklist is provided to assist with compliance to obtain a Food Establishment Permit:

- _____ Certified Food Protection Manager (Applicant is allowed 210 days from date permit is issued to comply with rule requirement, per 15A NCAC 18A .2659)
- _____ Copy of the menu
- _____ *Consumer advisory (NC Food Code Manual, Section 3-603.11)
- _____ *Variance and/or HACCP plan for specialized processing methods (NC Food Code Manual, Section 3-502.11)
- _____ *Written procedures for time as a public health control (NC Food Code Manual, Section 3-501.18)
- _____ *Standard operating procedures (NC Food Code Manual, Paragraph 8-201.12(E))
- _____ All refrigerators and freezers must be operating to verify temperatures
- _____ Thermometers provided
- _____ Water heater operating
- _____ Ware washing facilities properly operating
- _____ Sanitizing solution and test strips supplied
- _____ Lighting meets requirements
- _____ Bulbs shielded or shatterproof
- _____ Handwashing sinks conveniently located and supplied with soap, towels, and handwashing sign
- _____ All construction completed and all construction materials removed from the premises

When scheduling the pre-opening inspection, contact your local County Environmental Health Department at least 3 days prior to the projected opening date.

*If applicable



Application for a Food Establishment Permit and Pre-opening Checklist

Name of Establishment: _____

Name of Applicant: _____ Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Manager/Person in Charge: _____

Mailing Address for Establishment: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____ Phone: _____

Location of Establishment: _____
(If different from above)

Establishment is owned by: _____ Association _____ Corporation _____ Individual
_____ Partnership _____ Other Legal Entity

Attach names, titles and addresses of persons comprising the legal ownership including the owners and officers, and the local resident agent if one is required based on the type of legal ownership.

Establishment Type: _____ Mobile _____ Stationary _____ Temporary _____ Permanent _____ Shared Use

Prepares and Serves Potentially Hazardous Food (PHF)/Time Temperature Control for Safety Food (TCS):
_____ To Order upon Consumer Request
_____ In Advance and Discards Unserved Food _____ Uses Time as a Public Health Control

Prepares PHF/TCS by: _____ Cooking _____ Cooling _____ Reheating _____ Hot holding
_____ Cold holding _____ Freezing _____ Thawing _____ Par cooking

_____ Prepares food for delivery to and consumption at a location off premises
_____ Prepares food for a Highly Susceptible Population
_____ Prepares only non PHF/TCS

Wastewater System: _____ Municipal/Community _____ On-Site System

Water Supply: _____ Municipal/Community _____ On-Site System

PROJECTED OPENING DATE: _____

Please submit this application at least 30 calendar days prior to the projected opening date, per 15A NCAC .2658 as referenced in Section 8-302.11 of the NC Food Code Manual.

I attest to the accuracy of the information provided in this application.

Signature: _____ Date: _____



N.C. Department of Health & Human Services
Division of Public Health
Environmental Health Section
Plan Review Unit

Food Establishment Plan Review Application

Type of Construction: NEW ☐ REMODEL ☐

Name of Establishment: _____

Address: _____

City: _____ Zip Code: _____ County _____

Phone (if available): ____ - ____ - ____ Fax: ____ - ____ - ____

.....

Owner or Owner's Representative: _____

Address: _____

City & State: _____ Zip Code: _____

Telephone: ____ - ____ - ____ Fax: ____ - ____ - ____

E-mail Address: _____

.....

Submitter: _____

Company: _____

Contact Person: _____

Address: _____

City & State _____ Zip Code: _____

Telephone: ____ - ____ - ____ Fax: ____ - ____ - ____

E-mail Address: _____

Title (owner, manager, architect, etc.): _____

I certify that the information in this application is correct, and I understand that any deviation without prior approval from this Health Regulatory Office may nullify plan approval.

Signature: _____ *date:* _____
(Owner or Responsible Representative)

Hours of Operation:

Sun_____ Mon_____ Tue_____ Wed_____ Thu_____ Fri_____ Sat_____

Projected number of meals served between product deliveries:

Breakfast: _____ Lunch: _____ Dinner: _____

Number of seats: _____ Facility total square feet: _____

Projected start date of construction: _____ Projected completion date: _____

TYPE OF FOOD SERVICE:

☐ Restaurant

☐ Food Stand

☐ Drink Stand

☐ Commissary

☐ Meat Market

☐ Other (explain): _____

CHECK ALL THAT APPLY

☐ Sit-down meals

☐ Take-out meals

☐ Catering

Single-service (disposable):

☐ Plates ☐ Glassware ☐ Silverware

Multi-use (reusable):

☐ Plates ☐ Glassware ☐ Silverware

Indicate any **specialized processes** that will take place:

☐ Curing ☐ Acidification (sushi, etc.) ☐ Reduced Oxygen Packaging (eg: Vacuum)
☐ Smoking ☐ Sprouting Beans ☐ Other

Explain checked processes: _____

Indicate any of the following **highly susceptible populations** that will be catered to or served:

☐ Nursing Home ☐ Child Care Center ☐ Health Care Facility
☐ Assisted Living Center ☐ School with pre-school aged children

COLD STORAGE

Method used to determine cold storage requirements: _____

Cubic-feet of reach-in cold storage:

Reach-in refrigerator storage: _____ ft³

Reach-in freezer storage: _____ ft³

Cubic-feet of walk-in cold storage:

Walk-in refrigerator storage: _____ ft³

Walk-in freezer storage: _____ ft³

Number of reach-in refrigerators: _____

Number of reach-in freezers: _____

HOT HOLDING

Food that will be held **hot**: _____

COLD HOLDING

Food that will be held **cold**: _____

COOLING

Indicate by checking the appropriate boxes how cooked food will be cooled to 45°F (7°C) within 6 hours.

If "Other" is checked indicate type of food: _____

Cooling Process	Meat	Seafood	Poultry	Other
Shallow Pans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ice Baths	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rapid Chill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

THAWING

Indicate by checking the appropriate boxes how food in each category will be thawed.

If "Other" is checked indicate type of food: _____

Thawing Process	Meat	Seafood	Poultry	Other
Refrigeration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Running Water less than 70°F (21°C)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooked Frozen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microwave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FOOD HANDLING PROCEDURES

Explain the following with as much detail as possible. Provide descriptions of the specific areas of the kitchen and corresponding items on the plan where food will be handled.

Explain the **handling procedures** for the following categories of food. Describe the process from receiving to service including:

- How the food will arrive (frozen, fresh, packaged, etc.)
- Where the food will be stored
- Where (specific pieces of equipment with their corresponding equipment schedule numbers) and how the food will be handled (washed, cut, marinated, breaded, cooked, etc.)
- When (time of day and frequency/day) food will be handled

1. READY-TO-EAT FOOD HANDLING (edible without additional preparation necessary, e.g., salads, cold sandwiches, raw molluscan shellfish)

2. PRODUCE HANDLING

3. POULTRY HANDLING

4. MEAT HANDLING

5. SEAFOOD HANDLING

DRY STORAGE

Provide information on the frequency of deliveries and the expected gross volume that is to be delivered each time: _____

Square feet of dry storage shelf space: _____ ft²

Where will dry goods be stored? _____

FINISH SCHEDULE

Indicate floor, wall and ceiling finishes (e.g., quarry tile, stainless steel, vinyl coated acoustic tile)

Area	Floor	Base	Walls	Ceiling
Kitchen				
Bar				
Food Storage				
Dry Storage				
Toilet Rooms				
Dressing Rooms				
Garbage & Refuse Storage				
Service Sink				
Other				
Other				

WATER SUPPLY - SEWAGE

1. Is water supply: Municipal ☐ Well ☐ Is sewer: Municipal ☐ Septic ☐

2. Will ice be made on premises ☐ or purchased ☐

3. Water heater:

- Tank type:

a. Manufacturer and model: _____

b. Storage capacity: _____ gallons

- Electric water heater: _____ kilowatts (kW)

- Gas water heater: _____ BTU's

c. Water heater recovery rate (gallons per hour at 80°F temperature rise): _____ GPH

(See Water Heater Calculator on the Plan Review Unit website to calculate recovery rate needed)

- Tankless:

a. Manufacturer and model: _____

b. Quantity of tankless water heaters: _____

(See Water Heater Calculator on the Plan Review Unit website to calculate number of tankless water heaters needed)

4. Check the appropriate box indicating equipment drains:

	Indirect Waste			Direct Waste
Plumbing Fixtures	Floor sink	Hub Drain	Floor Drain	
Warewashing Sink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prep Sinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handwashing Sinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Warewashing Machine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ice Machine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garbage Disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dipper Well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refrigeration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steam Table	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WAREWASHING EQUIPMENT

a. Manual Warewashing

1. Size of sink compartments (inches): Length: ____ Width: ____ Depth: ____
2. What type of sanitizer will be used?
Chlorine: ☐ Iodine: ☐ Quaternary Ammonium: ☐ Hot Water: ☐ Other (specify): ☐

b. Mechanical Warewashing

1. Will a warewashing machine be used? Yes ☐ No ☐
Warewashing machine manufacturer and model: ____
2. Type of sanitization: Hot water (180°F) ☐ Chemical ☐

c. General

1. Describe how cooking equipment, cutting boards, slicers, counter tops and other food contact surfaces that cannot be submerged in sinks or put through a dishwasher will be cleaned and sanitized:

2. Describe location and type (drainboards, wall-mounted or overhead shelves, stationary or portable racks) of air drying space:

Square feet of air drying space: ____ft²

HANDWASHING

Indicate number and location of handwashing sinks:

EMPLOYEE ACCOMMODATIONS

Indicate location for storing employees' personal items:

REFUSE AND RECYCLABLES

1. Will refuse be stored inside? Yes ☐ No ☐
If yes, where _____
2. Provision for refuse disposal: Dumpster ☐ Compactor ☐
3. Provision for cleaning dumpster/compactor: On-site ☐ Off-site ☐
If off-site cleaning, provide name of cleaning contractor: _____
4. Describe location for storage of recyclables: (cooking grease, cardboard, glass, etc.):

SERVICE SINK

1. Location and size of service (mop) sink/can wash: _____
2. Is a separate mop storage area provided? Yes ☐ No ☐ If yes, describe type and location: _____

INSECT AND RODENT CONTROL

1. How is protection provided on all outside doors?
Self-closing door ☐ Fly Fan ☐ Screen Door ☐
2. How is protection provided on windows?
Self-closing ☐ Fly Fan ☐ Screening ☐

LINEN

1. Indicate location of clean and dirty linen storage:

POISONOUS OR TOXIC MATERIALS

1. Indicate location of poisonous and/or toxic materials (chemicals, sanitizers, etc.) storage:

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<http://ehs.ncpublichealth.com/food/planreview/index.htm>